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SOME PRESENT-DAY MEDICAL ORGANIZATION PROBLEMS*

ADDRESS OF THE RETIRING PRESIDENT OF THE CALIFORNIA MEDICAL ASSOCIATION

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Oakland

WHEN, in the year 1513, the Spanish explorer, Balboa, splashed into the waters of a great unknown western ocean and contemplated its far horizon, his feelings must have been akin to mine as I look forward to the distant horizon of the troubled sea of modern medicine. What lies beyond?

Recalling that the intrepid Balboa was later beheaded despite, or perhaps because, of his discovery of the Pacific in the name of Spain, I shall here undertake to do little more than contemplate the horizon. The Pacific was in time explored and its farther shores discovered. The most distant shores of medicine will eventually become known.

I choose to concern myself with the strand upon which I stand, and to that visible stretch of sea which lies immediately before me.

And so in coming before you today, at the close of a twelve months' stewardship, I shall confine myself to those subjects of which I have some personal knowledge; and, in particular, to the rumbling surf of medical economics which, by reason of its ceaseless rumble, if for no other, commands attention.

But before I take up the problems of medicine in its broader aspects, it is both my duty and pleasure to report on the activities of the California Medical Association for the last year.

MEDICAL LEGISLATION

One of our most active committees is the Committee on Legislation and Public Policy. It was the duty of this committee to carefully scan each of the 3,900 bills introduced during the last legislative session. The committee found that almost 10 per cent of these bills, or approximately 400, had some bearing, directly or indirectly, on questions of public health. Careful analysis of each bill was necessary in order that we might be apprised of its full import.

Dr. Junius B. Harris, chairman of this committee, performed an almost superhuman task in watching the details of all of this legislation through a long and trying session of the legislature. It was necessary for him to almost abandon his practice for more than one hundred days, and to be constantly on watch at the Capitol at all hours of the day and night.

That the people of California are not suffering from some of the pernicious legislation proposed on public-health questions is, therefore, largely due to the efforts of Doctor Harris. Mr. Ben H. Read assisted Doctor Harris.

May I urge each member of our Association to support the work of its Legislative Committee, and the personal efforts of Doctor Harris, by exercising your duty as voters and taxpayers to inform yourself about legislation and to give of your knowledge to your legislators, who must pass upon these public-health questions.

Every component county society which has not already done so should appoint a committee to contact state representatives and senators in their district before the opening of the next legislature.

LEGAL DEPARTMENT

The past year has thrown a heavy responsibility on our legal department. Every possible assistance was extended by our general counsel, Mr. Hartley F. Peart, in the litigation pertaining to the unauthorized use of county hospitals. As you all know, the trial of the case involving the County Hospital of Kern County resulted in a sweeping victory for the position contended for by the physicians.

In connection with this subject, our general counsel has had numerous conferences with our members in other counties where the same problem is presented, and has rendered aid and assistance in opposing the granting of federal loans for the unwarranted and unnecessary increase of such hospitals. He has assisted actively in the formation of the medical service plan now in operation in Alameda County, and worked with the Fresno County Society, the committee of the San Francisco County Society, and with other societies interested in developing a similar plan.

*President's address, sixty-third annual session of the California Medical Association, Riverside, April 30 to May 3, 1934.

All this, together with legislative and other matters, has given our legal department perhaps the busiest year in the history of the Association.

CANCER COMMISSION

With the publication by the Cancer Commission of two or more reports of special committee studies, the surveys of methods of diagnosis and treatment of the various types of malignant disease will have been completed.

We believe that these studies have been of great value. They represent the results of the first attempt on a large scale to set down in definite form the combined experience and opinion of the profession, rather than the experience and opinion of individuals. They have, we believe, very definitely pointed out certain specific needs of clarification, as well as defined methods and procedures which should, perhaps, be regarded as standard at the present time.

It seems to us desirable that these studies be collected and reprinted in ready-reference form, and thus be made available to the members of the Association. The type has been preserved by the printer of the articles as they have appeared in the JOURNAL, and, therefore, the cost of reprinting should not be very great. It is my earnest recommendation that this be done.

In addition, the Cancer Commission has continued its contacts with the profession through county medical societies, a number of which have been visited by representatives of the Commission or have listened to cancer programs prepared under the auspices of the Commission.

PUBLIC RELATIONS

The Committee on Public Relations has spread its activities over a wide field. It has been active in studying various forms of medical and hospital service plans. Many plans which were proposed by component county societies have been carefully analyzed. In coöperation with our general counsel and committees from the Alameda County Medical Association and accredited hospitals, a hospital service plan has been formulated in Alameda County. This represents over a year's study and investigation.

The committee has completed the outline for the establishment of a speaker's bureau, and each component county society has been requested to appoint an educational committee or delegate the activity to one of its standing committees.

A membership campaign was initiated by the committee in order to increase the membership of the California Medical Association. A list of all the licentiates in each county not belonging to the component county society was compiled. These lists were sent to the secretaries with the request that they designate whether, in their opinion, the licentiate would be eligible for membership.

The survey revealed that 68 per cent of licentiates were members, 13 per cent were eligible, the whereabouts of 6 per cent were unknown, 6 per cent had retired, 3 per cent had moved away, and 4 per cent were rejected for membership.

The Department of Public Relations has made a survey of medical books on the shelves of the public libraries in communities of the state with a population of 10,000 or more. A survey of the 207 libraries in the smaller communities will be completed as rapidly as possible.

For the second successive year, the California Medical Association installed exhibits at the State Fair in Sacramento last fall. The object of these exhibits was to acquaint the public with what the Association is doing for medical science. It is estimated that about 700,000 persons attended these two fairs.

PUBLICITY

The Association, through its Department of Public Relations, last year inaugurated an educational program for the press. After careful consideration of the various medical articles published in the press, it was decided to begin a series of short articles devoted to medical subjects and designed for the lay reader. These articles avoid advice-giving, but describe what modern medicine is doing in the treatment and prevention of various diseases. Prepared by an experienced newspaper writer under the direction of the department, they are now being distributed to approximately fifty newspapers throughout California. No paper was placed on the mailing list that did not, in response to a query, request the articles.

In addition to this educational publicity feature, we have had the advantage, from time to time, of news articles dealing with current affairs which concerned the State Association. Publicity for the 1933 session at Del Monte, as well as that for the present session, was handled by the representative who prepared the articles for the series. I earnestly recommend that this department be continued.

WOMAN'S AUXILIARY

Mrs. A. M. Henderson, president of the Woman's Auxiliary to the California Medical Association, reports a busy year. The state board meeting was held in Los Angeles on February 15, when plans for the present session and revisions of the Constitution and By-Laws were discussed. I am sure that we may look forward to another successful year for the auxiliary; certainly they have our best wishes and full support.

EXECUTIVE COMMITTEE

The Council and the Executive Committee of the California Medical Association each have held three meetings during the last twelve months. Much Association business of a wide variety has been handled by the Council during that period. Prior to the inauguration of the Public Relations Department, the Executive Committee met once a month, but since then has held called meetings at irregular intervals.

Due to the fact that so many important problems arise during the interim of meeting requiring solution and action, which necessarily rests upon the chairman of the Council, I urgently recommend that the Executive Committee return to the former plan of one meeting every month, since the affairs of the Association are of such moment that they cannot otherwise be adequately handled.

COUNTY INSTITUTIONS COMMISSIONS

It would appear that County Institutions commissions offer the solution to the problem of the supervision of county hospitals and clinics, and it is my recommendation that component county societies take steps to coöperate with their county supervisors in the establishment of such commissions where none now exist.

In Alameda County, an outstanding example, the County Institutions Commission has taken the county hospitals and clinics out of politics. It stands as a barrier between all factions preventing political control and abuse of hospital privileges. It guarantees to the medical profession the operation of county institutions on a rigid program, which closes the doors to all but eligible patients.

HEALTH INSURANCE RACKETS

It was not until District Attorney Earl Warren launched a campaign directed against fraudulent health insurance concerns that the extent to which this "racket" has developed in California became known. Under his direction, nineteen indictments were returned; one man was sent to San Quentin prison, and three to jail. The District Attorney of San Francisco has also begun action to rid the community of these modern Wallingfords. It would be well if every district attorney in the state would follow suit, since we have Mr. Warren's word for it that the "racket" has by no means been checked.

MEDICAL ECONOMICS

During the last twelve months there has been an increasing amount of discussion of the problems of medical economics. In the press, in the magazines (both lay and medical), and on the platform, medical and hospital problems have been dealt with by persons of every degree of qualification. The literature has been both instructive and destructive—the writers both informed and misinformed.

At times, I have almost been compelled to believe that some of these writers and speakers hold that the economic salvation of the United States lies in thrusting upon the country a program of compulsory health insurance.

Paid lay proselyters have spread this gospel from coast to coast. Representatives of this and that fund—lay organizations for the most part—have preached to the medical profession and the public that the only road to medical salvation lies in the church of government-controlled medicine.

They even have gone so far as to divide physicians into two groups: reactionary and progressive. They claim, of course, that the "progressives" are devotees of their own holy belief.

We have been, and are going through a period of economic stress. Medicine, along with every other line of human endeavor, has felt its strangling embrace. In a land of plenty, poverty has brought suffering to millions. Worthy American citizens have been unable to buy food and clothing for their families; and manufacturers and farmers have been unable to sell the products of factory and farm. Worthy American citizens also have gone without medical service and hospital care because they were unable to pay for it, while physicians twiddled their fingers in empty offices and worried hospital executives contemplated rows of empty beds.

I have yet to hear of any plan for the socialization of the food industry, by which the Government will take over farm and factory and run both for the benefit of the people. I have yet to be told of any plan for Government operation of the clothing industry for the benefit of the people. I can almost hear the cries of horror which any such suggestion would evoke.

But I have heard, and we are hearing today, much about the socialization of medicine; of plans for state and federal controlled, compulsory insurance, by which the physicians of the country would be organized into a sort of communistic unit at the beck and call of politically controlled bureaus.

The argument is advanced that the people are entitled to medical service and hospital care, regardless of their ability to pay, because good health is the very foundation of the nation. With this argument I have no quarrel. Nor do I disagree with the assertion that many who needed it have gone without adequate medical service and hospital care. These are indisputable facts.

Of course, the unemployed father of a starving family requires, first of all, food and clothing; and failing these, he will require medical service and perhaps hospital care. The medical profession cannot undertake to provide food and clothing, but in a nation whose physicians annually give $600,000,000 worth of free service, and who are sworn to the enduring principles of the Oath of Hippocrates, it is inconceivable that the medical profession will ever fail to fulfill the obligation which now confronts it in the matter of adequate medical service for every economic class.

We resent, however, having plans for such service thrust upon us by proselyting laymen. We resent the implication that medicine is lagging in its obligation: the greatest strides in medicine have come within the last fifty years. Most of us, especially the older heads, have watched some of these developments and, indeed, many among you have been instrumental in their development. Does it not, therefore, hold that medicine is alert, progressive, and able to hold its own in this changing world?

Are we to accept without argument the differentiation between the progressive and the reactionary physician? By "progressive," I assume that the exponents of compulsory insurance mean the physician who hails some hastily conceived and, as yet, untried plan as the great cure-all; or one who blithely plunges into some minor group undertaking, regardless of its possibilities of success, on a broad, or even a small scale.

If this be "progressivism," then I confess to being a reactionary. I am forced to go further and state that in our ranks the progressives of this type are comparatively few. And to that, I add a fervent, "thank heaven!"

I cannot, however, let this differentiation go unchallenged. Here in California we are doing a

vast amount of work to the end that adequate medical service and hospital care shall be made available to that great mass of people in the lower economic brackets. Must we jettison all that has been accomplished and take on board a cargo of untried ideas, in the fear of being called "reactionaries" if we decline?

Permit me to point out that any plan adopted is not to be a temporary plan, such as the CWA, to be cast aside in a few months when the emergency shall have ceased to exist; or because the political winds have ceased to blow from east to west and are now blowing from north to south; or because they have ceased to blow at all. We must build enduringly, for the people of tomorrow as well as for the people of today. And for that reason we must reject the offers of help, however kindly meant, of inexperienced theorists—lay economists—who might better be devoting their talents to the creation of payrolls; and politicians who shrewdly see in the phrase "High Cost of Medical Care" a vote-pulling campaign slogan. In the building of our house we believe that only physician-workmen should be employed!

We are assured that if we accept government-controlled medicine the right of the patient to select his physician will continue as it always has. This smacks very much of a preëlection promise: "If the Democrats get in, taxes will go down"—so, too, if the Republicans win. Yet taxes always go up. It just does not stand to reason.

More than ever before the personal relationship between physician and patient should obtain. Not so many years ago we heard it lightly said that "90 per cent of the people who go to physicians have nothing wrong with them." This, we are beginning to realize, was little more than an admission of ignorance. Today we know that a man may be really sick whose ailment perhaps cannot be definitely classified, and I venture to say there is not a physician among you who has not one or more such patients on his list.

What chance would these unfortunate individuals have under a system which reduces the science of medicine to an industrial plane, with numbers for the patients and perhaps for the physicians; in which quantity and not quality must of necessity be the main factor; in which preventive medicine would be stifled by the very nature of this mechanical system and buried under an avalanche of paper work?

White has always been the uniform of the physician. Would they regimentize us in blue denim uniforms with badges for identification? Do not be deceived. It has been done in the past. Complete socialization of medicine is no new experiment.

In 1818 the German Duchy of Nassau established a complete system of socialized medicine. Twenty-eight medical districts were set up, each in charge of one head physician. The physicians were obliged to wear uniforms and were salaried. Needless to say that this system eventually broke down, just as any comparable plan in this country would give way.

One after another compulsory health insurance plans have been tried in the European countries. Germany has had it in some form for forty-eight years. England has it. And yet *medical* investigators have demonstrated that Europe has a poorer quality of medical service than is furnished the indigent sick in America.

Certain medical investigators found that in Germany the number of pus appendix cases necessitating drainage is much greater than in the United States, and that the number of unnecessary visits in England has reached such proportions that many of the panel physicians disconnect their telephones between the hours of 10 p. m. and 7 a. m.

I will grant that there must be some good in every one of the European compulsory systems, else they could not exist at all. I will also grant that the language spoken in each of these countries well serves its purpose. I will not grant that you could superimpose the Italian, the Russian, or the German language on the American people. To say that the European compulsory health insurance systems would work in this country is like saying that we should adopt the Russian language because it works so well in Russia.

I will admit, on the other hand, that because America has the best medical service in the world, this does not argue that we have no problem to solve. We have a problem—a grave problem. We have never declined to acknowledge the problem nor to cope with it. The issue has been clouded by individuals and groups who seem intent on broadcasting the thought that the medical profession is doing nothing about it.

What, then, are we doing about it? Unfortunately we have not been able to travel the length and breadth of the land proclaiming the progress of our work. But we have been making progress, nevertheless.

In the Bay district we have created the nucleus for a state-wide plan. This is known as the Alameda County Plan. I will not take your time to describe the details of it, for I told you about it a year ago today and the medical journals have recounted its progress from time to time. I will simply report that it has been working for eighteen months.

Similar plans are in operation in San Diego County and Sacramento County. Fresno County is preparing to launch one. Gradually the ripples are widening.

We have prepared, as a component part of the Alameda County Plan, the Mutual Hospitals Association. This is a non-profit corporation controlled by the medical profession with the coöperation of the accredited hospitals. Provision has been made for the issuance of beneficiary certificates at nominal cost. Its launching awaits only the completion of certain formalities.

This plan has not been hastily conceived: it indeed represents the most careful investigation. It has been weighed and reweighed; analyzed and reanalyzed from every standpoint. It is the product of the work of the medical and hospital people

under the direction of, and with the fullest coöperation of the Council of the California Medical Association. It has been designed not for a day nor a year, but for permanency.

I urge that politicians and lay organizations keep their hands off and permit us to extend this plan throughout California. Call us "reactionary" if you will, but let us go ahead with this plan without interference, and we will show you one of the greatest examples of progress in medicine of this or any other period.

A recent speaker said that "the eyes of the nation are on California." Permit me to answer that California is too busy to care. We have been reproved from the platform and in the press for our failure to act swiftly. Gentlemen, we do not intend to be stampeded into some hastily conceived plan because we know, and any reasonable and fully informed person will agree with us, that any such plan would meet with an equally swift death.

We are not dealing with merchandise, but with human beings. The health and happiness and, yes, the very lives of our people are at stake. We are prescribing, to the very best of our collective ability, for our people. It is our job. We do not fancy having laymen prescribe for us or for our patients.

The lay proponents of compulsory insurance reply that their intention is not to interfere with the science of medicine, but that they have the right to speak for the people in regard to the *application* of medicine. But are they speaking for the people? Since when has the voice of the people been heard to say: "Take medicine away from the medical profession and give it to the politicians?"

And that, my friends, is exactly what will take place if medical service and hospitalization go under government control, whether state or federal. It would become another political football. We have only just witnessed a fine example of congressional athletes kicking one political football about the halls of Congress. Let us, by all means, avoid the pitfall which has engulfed State Industrial Accident Insurance. Despite the promises that every employee would be given free choice of physician, we now find the medical service being administered by a small panel of physicians, selected by the insurance companies. We find these same company physicians exacting fees from other physicians throughout the state.

My friends, I do not set myself up as an oracle of medical economics. I have only endeavored, in my humble way, to express not alone my own ideas, but the best thought of the medical profession as I understand it.

I, therefore, earnestly recommend to the California Medical Association the adoption of a voluntary plan for medical service to serve the people of California.

To have served you during this last year has been both an honor and a pleasure. I shall look back upon those busy twelve months as a bright spot in my career.

Farewell, as your president, and God bless you, one and all!

532 Fifteenth Street.

FOCAL INFECTION—SOME MODERN ASPECTS*

By RUSSELL L. CECIL, M. D.
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A FOCUS of infection is a localized area of tissue which has been infected by pathogenic bacteria. The primary focus is the tissue first infected, from which bacteria gain entrance into the blood or lymph stream and thereby cause either systemic disease, or secondary foci of infection, in the various organs and tissues of the body.

INCIDENCE

Focal infection is one of the most universal of human ailments. Very few people get through many years of life without experiencing some form of it. The focus may occur almost anywhere in the body, but certainly the most usual foci are found in the mouth, pharynx, accessory sinuses or middle ear. Rosenow [1] believes that a focus of infection is more menacing when the infectious material is under pressure; that is, where facilities for drainage are poor. Such a focus would be an apical root abscess, or a small abscess in the interior of the tonsil.

ETIOLOGY

Many factors predispose to focal infection. Among such may be mentioned long-protracted illness, old age, exposure, addiction to excess alcohol or drugs, and poor personal hygiene. The devitalization of teeth and gingivitis predispose to dental infections. It appears almost certain that a deficiency in the vitamins predisposes to focal infection. For example, David Smith [2] has shown that guinea-pigs deprived of vitamin C develop pyorrhea and ulcers of the stomach. I have always suspected that the prevalence of infected tonsils was largely the result of modern city life. The tonsil was planned by nature as a scavenger to relieve prehistoric man of bacteria, dust and other foreign bodies that accumulated in the mouth. Modern man, however, lives mostly in large cities, where he is subjected daily to the inhalation of an excess of dust and bacteria, and as a result the tonsil, overloaded with infectious material, breaks down under the strain. Chronic sinus infection and chronic middle-ear infection are induced by repeated acute respiratory infections.

EXCITING CAUSES

The focus of infection may be caused by almost any of the ordinary pathogenic bacteria, but bacteriologists have come to associate some form of streptococcus with a majority of focal infections, and rightly so, since the streptococcus is not only the most frequent exciting agent in these conditions, but, furthermore, appears to be the organism most likely to set up secondary infection in some distant organ or tissue of the body. For example, according to Haden,[3] apical abscesses of the teeth are caused, in 92.5 per cent of cases, by

* Guest speaker paper. Read before the general meeting of the California Medical Association at the sixty-third annual session, Riverside, April 30-May 3, 1934.